

REC'D AUG 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1008

23411
Do not use this space.

6105

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City St. Louis Mo (d) Street No. St. Johns, Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Gillie M. Childers
(a) Residence, No. 34 W Tyler St. NR Herrin, Ill
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura C Childers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-13-1873</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>5</u>
	DAYS <u>25</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Coal Miner</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Illinois</u>	
FATHER	13. NAME	<u>George Childers</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Illinois</u>
MOTHER	15. MAIDEN NAME	<u>Bunie Freeman</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Tenn</u>
17. INFORMANT (ADDRESS)	<u>Laura C Childers</u> <u>34 W Tyler</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Herrin Ill</u> DATE <u>7-8</u> 19 <u>38</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Storve Funeral Home</u> <u>Herrin, Ill</u> <u>J. D. Brudick</u> Local Registrar.		
20. FILED <u>JUL 8 1938</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-20- 1938 to 7-8- 1938
I last saw him alive on 7-7- 1938 Death is said to have occurred on the date stated above, at 145 m.
The principal cause of death and related causes of importance were as follows:
Neurophos
Brain aneurysm
adense
arterial

Other contributory causes of importance:
8/1

Name of operation Craniotomy Date of 7-8
What test confirmed diagnosis? Microscopic Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? - Date of injury 19.....
Where did injury occur? - (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Neurophos
(Signed) J. D. Brudick, M. D.
(Address) 3720 Washington

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Howard F. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *Thomas M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.